

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??:

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: INTEGRATED OBJECT SQUASH AND  
STRETCH METHOD AND APPARATUS

Attorney Docket Number:: 021751-001210US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: H.  
Family Name:: Mullins  
Name Suffix::  
City of Residence:: Kensington  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 89 Kingston Road  
City of Mailing Address:: Kensington  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94707

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: Clay  
Family Name:: Hunter  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 97 Coleridge Street  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94110

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Middle Name:: H.

Family Name:: Russ

Name Suffix::

City of Residence:: Richmond

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 201 Schooner Court

City of Mailing Address:: Richmond

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94804

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: William

Middle Name:: A.

Family Name:: Wise

Name Suffix::

City of Residence:: Oakland

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 461 Hudson Street

City of Mailing Address:: Oakland

State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94618

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: F.  
Family Name:: Sheffler  
Name Suffix::  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 6524 Whitney Street  
City of Mailing Address:: Oakland  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94609

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Christian  
Middle Name:: D.  
Family Name:: Hoffman  
Name Suffix::  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 6601 Saroni Drive

City of Mailing Address:: Oakland  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94611

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/470,931	05/14/03

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::